

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28075

1. PLACE OF DEATH

County St. Louis

Registration District No. 781

Township

Primary Registration District No. 1003

City St. Louis

(No. _____)

St. _____

Ward) _____

2. FULL NAME

Mary Johnson

(a) Residence, No. _____

(Usual place of abode)

21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 18 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Selma Ala

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Mary Bigh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Selma Ala

17. INFORMANT (ADDRESS)

Butler Johnson 2313A Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Interment DATE Aug 21 1933

19. UNDERTAKER (ADDRESS)

English Undertaking Co 2931 Lucas Ave

20. FILED

AUG 19 1933

J. F. Bredeck Registrar

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8-18-1933

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 1932 to Aug 13, 1933

I last saw him alive on 8/13 1933 Death is said

to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
related to heart

Date of onset

Nov. 1932

Other contributory causes of importance:

Chronic Nephritis

1931

Name of operation None Date of _____

What test confirmed diagnosis? Red Stain Exam

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

J. F. Bredeck

M. D.

(Address) 806 E. Jefferson

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